

QUESTIONS AND ANSWERS
CSCT MEETING
NOVEMBER 18, 2003

Q1: How do schools qualify match for CSCT services?

A1: Match must arise from state and local dollars not utilized to match another program. Match does not have to tie back to the program, but must show expenditures for CSCT. The school must validate program costs for the CSCT program as well as certify state and local funds not used for match elsewhere.

Q2: Because reimbursement for CSCT services is paid to the school, what are the risks the school should be aware?

A2: Schools are responsible to certify to the non-federal portion of funds paid for CSCT services. Schools are also responsible for responding to Surveillance and Utilization Review Section (SURS) audits that may arise. If an overpayment is found by SURS, the school is responsible for returning monies back to the Department.

Q3: How to bill for CSCT services provided on PIR days or for students on suspended status?

A3: Provider would need to document such in the child's records for whom services were provided.

Q4: What do providers need to do if a child needs units over the 80 that is currently set?

A4: At this time, no additional units will be approved for children who go over the 80-unit limit. The department and OPI will be working together to examine other options of administering the CSCT program.

Q5: What if the IEP includes generic language related to CSCT but doesn't have CSCT written into the document. Can this generic language be utilized as CSCT services?

A5: The IEP should include components of the CSCT services to be provided for the individual child. However, the words CSCT do not have to be written into the IEP.

Q6: When identifying in the IEP the services that are to be provided to the student, is it necessary to document which services are CSCT services?

A6: No. Since the CSCT services are, in essence, services provided by the school district, there is no need to reference CSCT, simply state the service being provided. This is similar to the situation in which a district may contract for speech services, but the IEP does not indicate that the services are contracted.

Q7: What happens if a school is found to be in violation of the free care rule? Are all payments taken back from time payments started, or from time violation found?

A7: CMS indicated that during federal audits, they are completing deferrals (withholding monies till problem corrected) and disallowances (taking back monies). Therefore, if Medicaid found a provider who was billing only Medicaid clients for services and not billing private pay clients for those same services, Medicaid would take back monies reimbursed. This does not mean that if a private pay client owes \$0 based on their income on a sliding fee schedule, that this is considered free care. Providers must pursue payments from families and other insurances when those families are responsible for payment. Medicaid has had the free care issue arise in the schools years ago and those services were eliminated from being billable services by the school-based provider program.

Q8: Do CSCT expenditures go to fund 15:

A8: Deposit CSCT funds to Fund 15 using revenue source 3356 with a separate project reporter code. Code expenditures using expenditure program 100 regular education services or 280 special education services with the same project reporter code used for the CSCT revenue.

Q9: What happens to CSCT services when school is not in session (i.e. summer or holidays)? When school is not in session, no attendance is taken, and services may go over the 80 unit limit while the school is not involved.

A9: Schools must be directly involved with the summer CSCT program as this is a school-based program. This necessitates the involvement of school personnel. The school has the discretion to determine the time needed/required for the summer program.

Q10: What form is required for certifying to match for CSCT services?

A10: Certification of match would be for services provided in a state fiscal year (July through June) and be due prior to January 1 of each year. The department will send a form to schools indicating dollars paid for services provided within the state fiscal year and the amount the school is responsible to match. The schools would send this form back to the department. Schools should keep a copy of this, along with their documentation validating the match on file within the school.

Q11: If parents refuse CSCT services offered to their child, should this be documented?

A11: Yes.

Q12: Who is responsible for the billing process for CSCT services?

A12: The responsibility is best determined jointly between the school and mental health center. Schools may bill services themselves or contract with an entity to act as their billing agent. Schools are responsible for overpayments that may be found during the course of an audit. Schools and mental health centers would monitor the contract they have signed for CSCT services. Warrants are sent by the Department to the schools so schools know what services are being paid and for whom services are provided. Both schools and mental health centers should review billing practices and documentation for services provided. Additionally, they should identify who is responsible for maintaining what documentation. The documentation for CSCT

services at a minimum must document medical necessity for the service, and document billing to include date of service provided, by whom, to whom, length of the service provided, how it is related to the treatment plan and outcome of the service. This will assist both groups in verifying that what is being billed is what is being provided to children.

Schools should complete internal audits with their contractors to be sure children who are in need of CSCT services are receiving the service. This will assist in determining these services are provided to more than just Medicaid eligible youth. Children should not be served based on whether or not their insurance will cover CSCT services.

Q13: What is the start date for CSCT?

A13: January 1, 2003.

Q14: What is the formula for match?

A14: Take the total amount of expenditures (provided annually by the Department), divide by the current Federal Matching Assistance Percentage (FMAP) rate and then multiply by the current state portion.

Q15: Please explain Free Care Rule.

A15: When services (such as CSCT) are provided outside of an IEP, the free care rule applies. This means that if a service is provided free to non-Medicaid clients, then Medicaid must not be billed. All clients that receive CSCT services must be billed. Schools may utilize a sliding fee schedule to bill non-Medicaid clients and must pursue payment from family or other insurance. It is expected that these services are made available to any child in need of CSCT services, not just Medicaid eligible children.

Q16: Please verify that if a child is receiving CSCT services, whether other outpatient therapy should not be provided to that child.

A16: There are limited circumstances in which a child receiving CSCT services should receive additional mental health services outside the CSCT program. A child receiving CSCT services should not be receiving additional outpatient therapy services unless they are specialized and medically necessary. If a child is receiving specialized outpatient therapy services along with CSCT, the treatment must be integrated and included on the child's CSCT treatment plan. The CSCT therapist may only provide outpatient therapy services to two children at a time, who are transitioning out of the CSCT program, as medically necessary.

Q17: Do schools have to list CSCT services in the IEP?

A17: Schools do not have to list CSCT services in the IEP however, they are bound by the free care rule if services are provided to any child that are not on an IEP.

Q18: If a school has a scheduled 'class' to provide CSCT services, what if there is a child that is over the 80 units?

A18: If the session is for group therapy, this is allowable. The intent of CSCT services are to deliver them in support of main streaming, and not as a stand alone class. Typically, CSCT is not reimbursable when provided as a class except when the claim is, in reality, a therapeutic group session and the class is a more efficient approach to delivery of the group service. To be a group session, therapeutic objective are established for the session that relate to the treatment objectives for each child in the group. However, if children are gathered into a class, without really needing a service, these services should not be billed to Medicaid. Medicaid will not reimburse services for a child in excess of 80 units per month.

Q19: If no services are provided, is it okay not to bill Medicaid.

A19: Yes, as there is no service to bill.

Q20: How can a mental health center expand/add another program if they already have the limited 12 children in their current program?

A20: Another CSCT team consisting of a licensed mental health professional or pre-licensed professional and behavior specialist may be added to the school to provide services up to 12 additional children with a serious emotional disturbance. Both team members must be approved and on board prior to starting CSCT services. The team member names must be provided to the Children's Mental Health Bureau prior to starting an additional CSCT team.